## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or	rate level produced by rate revision
effective May 1, 2015	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		<u> </u>
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	<u></u>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$123,467	-9.8%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify:	ain territory (territories) or	certain
	Brief description of filing. (If I	iling follows rates of an ac	dvisory
	Organization, specify		
	organization):		
	Our loss cost multipliers are being appli	ed to NCCI loss costs effective Jan	uary 1, 2015
	*Adjusted to reflect all prior ra **Change in Company's prenates.		t from application of new
		Acadia Insurance C	Company
			ne of Company
		Alan May, Actuarial	Analyst

Official - Title

## FORM (RF-3)

Change in Company's premiu effective 01/01/2015	m or rate level produced	d by rate revision
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	•——	
Burglary and Theft		
Glass	<del></del>	
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	\$44,173	-5.5%
Life of Insurance		
Does filing only apply to certa	in territory (territories) o	r certain
Classes? If so,		
specify: No, this	filing applies to all territories an	d classes.
Brief description of filing. (If fi	ling follows rates of an a	advisory
Organization, specify		
organization):	Adopting NCCI January	1, 2015 Rates and Rating Values.
*Adjusted to reflect all prior ra	te changes.	
**Change in Company's prem		ult from application of new
rates.	Alaska National Ir	nsurance Company
		ame of Company
		/-P Underwriting Services
		Official - Title

FORM (RF-3)

Change in	Company's prer	nium or rate	level produced	by rate revision
effective	5/1/2015			

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
•••	Passenger		
	Commercial		
2	Automobile Physical Damage		
-:	Private Passenger		
	Commercial		
3	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety	<del></del>	
	Boiler and Machinery		
	Fire		
	Extended Coverage	<del></del>	
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	<del></del>	
	Crop Hail		
	Other Workers Compensation	\$1,238,187	1.8%
13	VVOIRCIS COMPCISATION	Ψ1,200,101	1.070
	Does filing only apply to certain territory (ter All territories and classes	ritories) or certain classes? If s	so, specify:
	Brief description of filing. (If filing follows rate Adopting NCCI 1/1/15 loss costs and increase		n, specify organization):
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which wil	I result from application of new ra	tes.
		American Ec	onomy Insurance Company
		Name of 0	
		loop Fradoriskoon C- Die	ootor Product Managage
			ector, Product Management
		Official	Title

FORM (RF-3)

	ange in Company's premium or rate level prective 5/1/2015	oduced by rate revision	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damage	•	
۷.	Private Passenger		
	Commercial		<u> </u>
2			
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
6.	Fidelity		
7.	•		
	Boiler and Machinery		-
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other Workers Compensation	\$2,297,726	-5.7%
	Does filing only apply to certain territory (te All territories and classes	rritories) or certain classes? If	so, specify:
	Brief description of filing. (If filing follows rate Adopting NCCI 1/1/15 loss costs and increase		n, specify organization):
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which wi	ill result from application of new ra	ates.
			casualty Insurance Company Company
			rector, Product Managemen
		Official	- Title

### FORM (RF-3)

Change in	Company's p	remium or i	rate level	produced by	rate revision
effective	5/1/2015				

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
3.	Fidelity		
7.	Surety		
	Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$2,564,234	-1.2%
	Does filing only apply to certain territory (ter All territories and classes	rritories) or certain classes? If	so, specify:
	Brief description of filing. (If filing follows rat		n, specify organization):
	Adopting NCCI 1/1/15 loss costs and increa	asing LCIVI	
	*Adicated to reflect all arise rets about		
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which wi	Il result from application of new ra	ates.
		A	States Insurance Comme
			n States Insurance Company Company
		Name of	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	01/01/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Hilnois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity  7. Surety  8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers' Compensation	\$ 14,758,854	-0.2%
Line of insurance	3 14,750,054	•0.2%
Does filing only apply to certain territory ( Applies to all territories and classes  Brief description of filing. (If filing follows Adoption of the 1/1/15 loss costs published by NCC  "Adjusted to reflect all prior rate changes.	hich will result from application of new rates.  Chubb Indemnity Insurance C	s effective 1/1/15.
	Na	ime of Company
	Vice President	Frick and the

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	inge in Company's premium or rate le	vel produced by rate revision effective	01/01/2015
	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)</u> **
1,	Automobile Liability Private		
11. 12, 13.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril		
	Crop Hail		<u> </u>
15,	Other Workers' Compensation Line of Insurance	<u>\$</u> 2.245	7.3%
Appli Brie	s filing only apply to certain territory (to as to all territories and classes. I description of filing, (If filing follows ra	erritories) or certain classes? If so, spe ates of an advisory organization, speci (NCCI Filing Circular # IL-2014-06) with propose	fy organization):
	usted to reflect all prior rate changes, lange in Company's premium level wh	nich will result from application of new r	ates,
		Chubb National Insura	
			Name of Company
		Vice President	Stoll while

FORM (RF-3)

Change in	Company's p	remium or	rate level	produced	by rate	revision
effective	5/1/2015					

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
10.	Extended Coverage		
	. Inland Marine		· · · · · · · · · · · · · · · · · · ·
	. Homeowners		
	. Commercial Multi-Peril		
14.	. Crop Hail		
	Other Workers Compensation	\$7,274,619	0.6%
	Does filing only apply to certain territory (ter	mitorios) or sortain alconos? If s	
	All territories and classes	miones) or certain classes? It s	so, specify:
	• • • • • • • • • • • • • • • • • • • •	es of an Advisory Organization	
	All territories and classes  Brief description of filing. (If filing follows rate Adopting NCCI 1/1/15 loss costs and increases)	es of an Advisory Organization	
	All territories and classes  Brief description of filling. (If filling follows rate	es of an Advisory Organization asing LCM	, specify organization):
	All territories and classes  Brief description of filing. (If filing follows rat Adopting NCCI 1/1/15 loss costs and increases.*  *Adjusted to reflect all prior rate changes.	es of an Advisory Organization asing LCM	i, specify organization): tes.
	All territories and classes  Brief description of filing. (If filing follows rat Adopting NCCI 1/1/15 loss costs and increases.*  *Adjusted to reflect all prior rate changes.	es of an Advisory Organization asing LCM  Il result from application of new ra	tes.
	All territories and classes  Brief description of filing. (If filing follows rat Adopting NCCI 1/1/15 loss costs and increases.*  *Adjusted to reflect all prior rate changes.	es of an Advisory Organization asing LCM	tes.
	All territories and classes  Brief description of filing. (If filing follows rat Adopting NCCI 1/1/15 loss costs and increases.*  *Adjusted to reflect all prior rate changes.	es of an Advisory Organization asing LCM  Il result from application of new ra  Conso  Name of C	tes.

## FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium o	rate level produced by rate revision
effective May 1, 2015	

	(1)	(0)	(2)
-	(1)	(2)	(3)
-	Cavarasa	Annual Premium	Percent
	Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
۱.	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		_
	Private Passenger		
	Commercial		
	Liability Other Than Auto		***************************************
•	Burglary and Theft		
	Glass		
•	Fidelity		
	Surety		
-	Boiler and Machinery		
•	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers' Compensation	\$1,823,813	-7.7%
	Life of Insurance		The state of the s
•	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,	- , ,	
	specify:		
	No		
	Brief description of filing. (If I	iling follows rates of an a	ıdvisorv
	Organization, specify	•	,
	organization):		
	Our loss cost multipliers are being appli	ed to NCCI loss costs effective Jai	nuary 1, 2015
	*Adjusted to reflect all prior ra	ate changes.	
	**Change in Company's pren	· ·	It from application of new
	rates.		• •
		Continental Weste	rn Insurance Company
			me of Company
		Alan May Actuaria	

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate I	evel produced by rate revision effective	01/01/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial  2. Automobile Physical Darnage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity  7. Surety  8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril		
14. Crop Hail 15. Other Workers' Compensation	\$ 42,962,624	0.6%
Applies to all territories and classes.	(territories) or certain classes? If so, specify	
	CI (NCCI Filing Circular # IL-2014-06) with proposed L	
"Adjusted to reflect all prior rate changes "Change in Company's premium level w	hich will result from application of new rate	
	Vice President	Official - fittle

## FORM (RF-3)

### **SUMMARY SHEET**

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
١.	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation	\$406,809	-13.3%
	Life of Insurance		
	Does filing only apply to certal Classes? If so, specify: No		
	Brief description of filing. (If f Organization, specify organization):		
	Our loss cost multipliers are being applie	ed to NCCI loss costs effective January	uary 1, 2015

Firemen's Insurance Company of Washington, D.C. Name of Company Alan May, Actuarial Analyst Official - Title

rates.

FORM (RF-3)

Change in	Company's premium or rate level produced by rate revisior
effective	5/1/2015

· · · · · · · · · · · · · · · · · · ·		
(1)	(2)	(3)
( · )	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger	<del></del>	<del></del>
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
. Extended Coverage		
Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
Other Workers Compensation	\$7,279	-1.2%
. Other Workers Compensation	Ψ1,213	-1.2 70
Does filing only apply to certain territory (ter All territories and classes	ritories) or certain classes? If	so, specify:
Brief description of filing. (If filing follows rate Adopting NCCI 1/1/15 loss costs and increa		n, specify organization):
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which wil	I result from application of new ra	ates.
	• •	
	First National Insi	urance Company of Americ:
		urance Company of America Company
		urance Company of America Company
	Name of	Company
	Name of	

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

Change in	Company's p	remium or r	ate level p	produced by	rate revision
effective	5/1/2015				

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	· · ·	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$49,469	2.5%
	Does filing only apply to certain territory (territories and classes	ritories) or certain classes? If	so, specify:
	Brief description of filing. (If filing follows rate Adopting NCCI 1/1/15 loss costs and increa		n, specify organization):
	*Adjusted to reflect all prior rate changes.		·
	**Change in Company's premium level which will	I result from application of new ra	ates.
		General Insu	urance Company of America
		Name of 0	
			L • •
		lean Frederickson Sr Dir	rector, Product Management
		Official	
		Official	- ride

### FORM (RF-3)

### **SUMMARY SHEET**

	Annual Premium	(3) Percent
Coverage -	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
iability Other Than Auto		
Burglary and Theft		
Slass		
idelity		
Surety		
loiler and Machinery		
îre		
xtended Coverage		
nland Marine		
lomeowners		
Commercial Multi-Peril		
Prop Hail		*****
)ther Workers Compensation	\$342	-12.6%
Life of Insurance		
Does filing only apply to certai Classes? If so, specify: No	n territory (territories) or	certain
Brief description of filing. (If fil	ing follows rates of an ac	dvicon/
Organization, specify	ing rollows rates of all at	avisory
organization):		
Ne are submitting this filing to adopt the le	nee costs and rating values as cor	ntained in MCCI Circular II 204

Greater New York Mutual Insurance Company
Name of Company
Martin Brezner - SVP & Chief Underwriting Officer
Official - Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate le	vel produced by rate revision effective	01/01/2015
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (filinois)*	Change (+ or -)**
1.	Automobile Liability Private		
11.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners		
13.	Commercial Multi-Perll		
14.	Crop Hail		
15.	Other Workers' Compensation	\$ 2,459,546	-4 2%
_	Line of insurance		
Appl Brid	ies to all terrilories and classes.	erritories) or certain classes? If so, specify; ales of an advisory organization, specify org	
	justed to reflect all prior rate changes. hange in Company's premium level w	nich will result from application of new rates	
		Great Northern Insurance C	ompany
			lame of Company
		Vice President	Miller Stuh
		7	CHARGE AND A

FORM (RF-3)

### SUMMARY SHEET

Coverage Annual Premium Percent Change (+or-) **  Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  Service Servi		(1)	(2)	(3)
Coverage Volume (Illinois) * Change (+or-) ***  Automobile Liability Private Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boller and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  Signature Signa		( )		
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.		Coverage	Volume (Illinois) *	
Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filling follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	1.	Automobile Liability Private		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filling only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filling. (If filling follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company		Passenger		
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company		Commercial		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  Does filling only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filling. (If filling follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	2.	Automobile Physical Damage		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation  15. Other Workers Compensation  16. Supering Supe		Private Passenger		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company		Commercial	<del></del>	
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 15. Other Workers Compensation 16. Other Workers Compensation 17. All territories and classes  Brief description of filling. (If filling follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	3.	Liability Other Than Auto		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	4.	Burglary and Theft	-	
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	5.	Glass		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	6.	Fidelity		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	7.	Surety		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	8.	Boiler and Machinery		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company				
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	10.	Extended Coverage		
13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	11.	Inland Marine		
14. Crop Hail 15. Other Workers Compensation \$2,736,952 -5.5%  Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	12.	Homeowners		
Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company				
Does filing only apply to certain territory (territories) or certain classes? If so, specify: All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company		•		
All territories and classes  Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company	15.	Other Workers Compensation	\$2,736,952	-5.5%
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company			rritories) or certain classes? I	f so, specify:
**Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company				on, specify organization):
**Change in Company's premium level which will result from application of new rates.  Indiana Insurance Company		*Adjusted to reflect all prior rate changes		
			ill result from application of new	rates.
Name of Company				Indiana Insurance Company
			Name of	f Company

Jean Frederickson, Sr. Director, Product Management
Official – Title

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premi	ium or rate leve	I produced by ra	ate revision
effective June 1, 2015	•	•	

-	(1)	(2) Annual Premium	(3)
-	Coverage	Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private	- Volume (minors)	Change (+01-)
٠.	Passenger		
	Commercial		
2	Automobile Physical Damag	<del></del>	
_	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$0	-6.2%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	iin territory (territories) or o	certain
	specify: No No		
	Brief description of filing. (If for Organization, specify organization):	iling follows rates of an ac	lvisory
	We are submitting this filing to adopt the	loss costs and rating values as con	tained in NCCI Circular IL-2014-06
	for an effective date of June 1, 2015.		
	*Adjusted to reflect all prior ra **Change in Company's premates.		from application of new
	14165.	Insurance Company	of Greater New York

Insurance Company of Greater New York

Name of Company

Martin Brezner - SVP & Chief Underwriting Officer

Official - Title

### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 01/01/2015	

-	(1)	(2)	(3)
-	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private	· Volume (minors)	Charige (+01-)
, .	Passenger	0	0
	Commercial	0	0
2	Automobile Physical Damag		
~	Private Passenger	0	0
	Commercial	0	0
3.	Liability Other Than Auto	0	0
4.	Burglary and Theft	0	0
5.	Glass	0	0
6.			0
	Fidelity	0	
7.	Surety	0	0
8.	Boiler and Machinery	0	0
9.	Fire	0	0
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	0	0
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other - Workers' Compensation	\$983,000	-8.9%
	Life of Insurance		

Life of Insurance

Does filing only apply to certain territory (territories) or certain Classes? If so,

specify:

No, this filing applies to all Illinois territories

Brief description of filing. (If filing follows rates of an advisory Organization, specify

organization):

This filing is to adopt the 01/01/2015 loss costs promulgated by the NCCI

and adopted by Illinois under circular IL-2014-06

Lion Insurance Company

Name of Company Grant L. Dalgleish - Director of Finance

Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

Change in Company's premium or rate level prod	uced by rate revision effective	<u>April 1, 2015</u>
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
•		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
<del>-</del>		
11. Inland Marine		
12. Homeow ners		
13. Commercial Multi-Peril		
14. Crop Hail	4 500 004	
15. Workers Compensation	4,599,201	5.0%
16. Other Line of Insurance		
Oces filing only apply to certain territory (territories  Brief description of filing (if filing follows rates of an  At this time, the Manufacturers A  adopt the loss costs approved in  2.016 LCM.	n advisory organization, specify organiz	(FEIN #23-2086596) files t
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which v		facturers Alliance Insurance any Name of Company
		C Greer- Associate Product Special
	Official	— Little

WC-IL-2 Printing 2/02

## FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		·
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	12,161,925	+4.0
Line of Insurance		
Does filing only apply to cert Classes? If so, specify:	tain territory (territories) or	certain
Brief description of filing. (If	filing follows rates of an a	dvisorv
Organization, specify	9	_ · · · · · · · · · · · · · · · · · · ·
organization):	Adopt 1/1/2014 NCCI Loss C	osts. 2-tiered LCM structure - 1.85 standard
2.35 for class exceptions. Rate impact	for all currently written classes capp	ped between% -2 and +7%.
Expected rate impact of +0.4%		
*Adjusted to reflect all prior r **Change in Company's prei		It from application of new
rates.	Michigan Commerc	cial Insurance Mutual
		me of Company
	140	
	Tina Knight, Consul	tant

FORM (RF-3)

Change in Company's premium or rate level effective 5/1/2015	el produced by rate revision	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	<u> </u>	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	**-	
15. Other Workers Compensation	\$4,460,487	2.9%
	_	
Does filing only apply to certain territory	(territories) or certain classes? If	so, specify:
All territories and classes		
Brief description of filing. (If filing follows Adopting NCCI 1/1/15 loss costs and in		n, specify organization):
		* • _
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which	ch will result from application of new ra	ites.
	The Neth	erlands Insurance Company
	Name of 0	Company
	Jean Frederickson, Sr. Dir	ector, Product Management
	Official	– Title

FORM (RF-3)

Change in	Company's pa	remium or	rate level	produced	by rate	revision
effective	5/1/2015					
				_		

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity	·	
7			
	Boiler and Machinery		
	Fire		-
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		-
			<del></del>
	Crop Hail		2.70/
15	Other Workers Compensation	\$961,741	3.7%
	Does filing only apply to certain territory (ter All territories and classes	ritories) or certain classes? If	so, specify:
	Brief description of filing. (If filing follows rat Adopting NCCI 1/1/15 loss costs and increa		n, specify organization):
	7 to pulling 170 of 1717 to 1000 000to dillo litoroto		
		·	
	*Adjusted to reflect all prior rate changes.	**	
	**Change in Company's premium level which wil	I result from application of new ra	ites.
		Ohio C	asualty Insurance Company
		Name of 0	
		148IIIG OI V	company
			ector, Product Management
		Official	– Litle

FORM (RF-3)

Change in	Company's premiu	ım or rate leve	I produced by rate	revision
effective	5/1/2015			

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		-
9. Fire		
10. Extended Coverage	·	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$6,476,726	-1.2%
Does filing only apply to certain territory All territories and classes	(territories) or certain classes? If	so, specify:
Brief description of filing. (If filing follows Adopting NCCI 1/1/15 loss costs and in		n, specify organization):
*A 41: -A - 4 A C - A - 11 1		
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which	h will result from application of new ra	ites.
	Ohio S	Security Insurance Company
	Name of 0	Company
	Jean Frederickson Sr. Dir	ector, Product Management

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change	e in Company's premium or rate le	vel produced by rate revision effective	01/01/2015
	(1) <u>Coverage</u>	(2) Annual Premium Volume (!!!lnois)*	(3) Percent <u>Change (+ or -)**</u>
1. Au	stomobile Liability Private		
3. Lia 4. Bu 5. Gla 6. Fid 7. Su 8. Boi 9. Fin 10. Ext 11. Inla 12. Ho	delity rety iler and Machinery		
14. Cro		s 7,362,308	-3 3%
	Line of Insurance	7,302,300	***************************************
Applies to Brief de	escription of filing. (If filing follows n	erritories) or certain classes? If so, specify: ales of an advisory organization, specify orga (NCCI Fang Circular # IL-2014-06) with proposed LCMs	
	ed to reflect all prior rate changes. ge in Company's premium level wh	nich will result from application of new rales.	
		Pacific Indemnity Company	
		Vice President	FCLA J Acids  Difficial - Title J Acids

FORM (RF-3)

### SUMMARY SHEET

Change in Company's premium or rate level preffective 5/1/2015	roduced by rate revision	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial	<u></u>	
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		-
4. Burglary and Theft		
5. Glass		
6. Fidelity	<u></u>	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<u> </u>	
15. Other Workers Compensation	\$730,338	-6.4%
Does filing only apply to certain territory (te All territories and classes  Brief description of filing. (If filing follows ra Adopting NCCI 1/1/15 loss costs and increase.)	tes of an Advisory Organization	·
*Adjusted to reflect all prior rate changes.	<del> </del>	
**Change in Company's premium level which w	ill result from application of new ra	ites

Peerless Indemnity Insurance Company
Name of Company

Jean Frederickson, Sr. Director, Product Management
Official – Title

Change in Company's premium level which will result from application of new rates

1.

2.

3. 4. 5. 6. 7. 8. 9.

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

### SUMMARY SHEET

(3) Percent

Change in	n Company's premium or rate lev	el produced by rate revision
effective	5/1/2015	_
	(1)	(2)
		Annual Premium

	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
	Crop Hail		
	Other Workers Compensation	\$2,068,671	0.6%
	Does filing only apply to certain territory (territories and classes	ritories) or certain classes? If	so, specify:
	Brief description of filing. (If filing follows rate Adopting NCCI 1/1/15 loss costs and increase		on, specify organization):
	*Adjusted to reflect all prior rate changes.		
	**Change in Company's premium level which will	result from application of new r	ates.
			Peerless Insurance Company
			Company
		name or	Company
			irector, Product Management
		Officia	I – Title

Linda R. Greer-Associate Product Specialist

Official --- Title

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium Volume (Ilinois)*	Percent Change (+ or -)**
1. Automobile Liability	volume (umois)	Change (+ or -)
Private Passenger		
Commercial	<del></del>	<del></del>
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass	<del></del>	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		<del></del>
11. Inland Marine		
12. Homeow ners		
13. Commercial Multi-Peril		
14. Crop Hail		<del></del>
15. Workers Compensation	144,679	-0.6%
16. Other		
Line of Insurance		<del></del>
Does filing only apply to certain territory (territorie	s) or certain classes? If so, specify	<u>No</u>
Brief description of filing (if filing follows rates of a	n advisory organization, specify organiza	ation)
At this time, the Pennsylvania files to adopt the loss costs apprevised 1.312 LCM.		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which was a second company of the change in Company of the chan		ndvania Manufacturara Inda't-
	Comp	
		Name of Company

Linda R. Greer-Associate Product Specialist

Official — Title

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

Change in Company's premium or rate level prod	luced by rate revision effective	April 1, 2015
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent
1. Automobile Liability	Volume (Ilinois)*	Change (+ or –)**
Private Passenger		
Commercial		<del></del>
2. Automobile Physical Damage	<u> </u>	<del></del>
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		······································
5. Glass		
6. Fidelity		
7. Surety		<u></u>
8. Boiler and Machinery		
9. Fire	<del></del>	<del>_</del>
10. Extended Coverage		
11. Inland Marine		
12. Homeow ners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	26,930,997	-3.5%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territorie  Brief description of filing (if filing follows rates of a		No ation)
At this time, the Pennsylvania Ma 1642962) files to adopt the loss against our revised 1.617 LCM.		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which v	will result from application of new rates.	
		sylvania Manufacturers' iation Insurance Company
		Name of Company

## **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate le	evel produced by rate revision effective	04/01/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<del></del>
Boiler and Machinery		
9. Fire	<del>_</del>	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	*	
15. Other Workers' Compensation	24,982,719	-4.5%
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	r: <u>N/A</u>
1/1/2015 loss costs and miscellaneous	ows rates of an advisory organization, sps rating values, as well as revising curre	
premiums.		
	,	· · ·
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. which will result from application of new rate	S.
	• •	
	State Farm	Fire and Casualty Company
		Name of Company
	Adam	Swope, Pricing Director
		Official - Title

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium	or rate leve	I produced by	rate revision
effective June 1, 2015	•	•	

	(1)	(2)	(3)
-	` '	Annual Premium	Percent
_	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		<u> </u>
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	<del></del> _	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$0	-6.2%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Organization, specify		
	organization):		
	We are submitting this filing to adopt the	loss costs and rating values as cor	ntained in NCCI Circular IL-2014-06
	for an effective date of June 1, 2015.		
	*Adjusted to reflect all prior ra **Change in Company's premates.		t from application of new
	10103.	Strathmore Insuran	ice Company

Strathmore Insurance Company

Name of Company
Martin Brezner - SVP & Chief Underwriting Officer

Official - Title

## FORM (RF-3)

	(1)	(2) Annual Premium	(3) Percent
	Coverage	- Volume (Illinois) *	Change (+or-) **
•	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation  Life of Insurance	7,830,441	-6.0%
	Does filing only apply to cert Classes? If so,	ain territory (territories) or	certain
	specify: No		
	<u> </u>		
	Brief description of filing. (If	filing follows rates of an a	dvisorv
	•		
	Organization, specify		-
	Organization, specify organization):	Filing to adopt NCCI's	1/1/15 loss costs and to update
		<del></del>	<del></del>
	organization):	s to use the most recent rating	values, i.e. ELAFs, PLR, etc.
	organization): the intermediate deductible credit The overall premium impact of the *Adjusted to reflect all prior r **Change in Company's premium impact of the	s to use the most recent rating e changes listed above on Syne rate changes.	values, i.e. ELAFs, PLR, etc. ergy's book of business is -6.0
	organization): the intermediate deductible credit The overall premium impact of the *Adjusted to reflect all prior r	s to use the most recent rating e changes listed above on Synd rate changes. mium level which will resul	ergy's book of business is -6.0
	organization): the intermediate deductible credit The overall premium impact of the *Adjusted to reflect all prior r **Change in Company's premium impact of the	s to use the most recent rating changes listed above on Synerate changes.  mium level which will resul	values, i.e. ELAFs, PLR, etc. ergy's book of business is -6.0 t from application of new Company
	organization): the intermediate deductible credit The overall premium impact of the *Adjusted to reflect all prior r **Change in Company's premium impact of the	s to use the most recent rating changes listed above on Synerate changes.  mium level which will resul	values, i.e. ELAFs, PLR, etc. ergy's book of business is -6.0 t from application of new Company ne of Company

## FORM (RF-3)

Change in Company's premium or rate level produced by rate revisio	n
effective May 1, 2015	

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger	t-Andreadan and an annual and an annual and an annual and an an an annual and an	-
	Commercial		
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	Liability Other Than Auto	<del></del>	
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
•	Extended Coverage Inland Marine	· '- immonimation and a comment	
	•		
	Homeowners Commercial Multi-Peril		
	Crop Hail		
	Other Workers' Compensation	\$922,434	40.49/
•	Life of Insurance	\$922,434	-10.1%
	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	Brief description of filing. (If for Organization, specify organization):		
	Our loss cost multipliers are being applied	ed to NCCI loss costs effective Jan	nuary 1, 2015
	*Adjusted to reflect all prior ra **Change in Company's premates.		ılt from application of new
	10.03.	Union Insurance C	Company
			me of Company
		Alan May, Actuaria	• •
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Çh	ange in Company's premium or rate le	evel produced b	y rate revision effective	01/01/2015
	(1)	Anı	(2) nual Premium	(3) Percent
	Coverage	<u>Vol</u>	ume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private			
2	Passenger Commercial Automobile Physical Damage			
3	Private Passenger Commercial Liability Other Than Auto	-		
4.	Burglary and Theft		<u></u>	
5.	Glass			
6.	Fidelity			
7,	Surety	-		
8.	Boiler and Machinery			
9.	Fire Extended Coverage			
	Inland Marine			*
	Homeowners			
13.	Commercial Multi-Peril			
	Crop Hail	•	* * * * * * * * * * * * * * * * * * * *	
	Other Workers' Compensation	\$	2,571,677	-0 6%
	Line of insurance	-	2,011,011	
	es filing only apply to certain territory ( lies to all territories and classes	territories) or ce	rtain classes? If so, specif	ý;
	ef description of filing, (If filing follows			
Ado	ption of the 1/1/15 loss costs published by NCC	I (NCCI Filing Circu	tar # (L-2014-06) with proposed	LCMs effective 1/1/15.
				<del></del>
	ljusted to reflect all prior rate changes hange in Company's premium level w		rom application of new rate	es.
			Vigitant Insurance Compa	pnv
			Advers Inserence Courbs	Name of Company
			نحر Vice Pres dent	Acrel 1-816
				JOfficial - This J

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

Change in	Company's premiur	n or rate leve	el produced by	rate revision
effective	5/1/2015			

	(1)	(2)	(3) Percent	
	0	Annual Premium	Change (+or-) **	
4	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-)	
1.	<del>-</del>			
	Passenger			
_	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
_	Commercial			
	Liability Other Than Auto			
	Burglary and Theft			
	Glass			
	Fidelity			
	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	\$2,550,692	3.7%	
	Does filing only apply to certain territory (territories) or certain classes? If so, specify:  All territories and classes			
	Brief description of filing. (If filing follows rates of an Advisory Organization, specify organization):  Adopting NCCI 1/1/15 loss costs and increasing LCM			
	*Adjusted to reflect all prior rate changes.			
	**Change in Company's premium level which will result from application of new rates.			
		Mest A	merican Insurance Company	
			Company	
		ivame of	Сопрапу	
		lean Frederickson, Sr. Di	rector, Product Management	
			- Title	
		Official	- 1100	

### FORM (RF-3)

### **SUMMARY SHEET**

-	(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **		
	Automobile Liability Private	volume (minors)	_ Change (101)		
	Passenger				
	Commercial				
	Automobile Physical Damag				
	Private Passenger		•		
	Commercial				
	Liability Other Than Auto				
	Burglary and Theft				
	Glass				
	Fidelity				
	Surety				
	Boiler and Machinery				
	Fire				
).	Extended Coverage				
١.	Inland Marine				
2.	Homeowners	<del></del>			
3.	Commercial Multi-Peril				
l.	Crop Hail				
5.	Other Workers' Compensation	3,211,245	10.0%		
-	Life of Insurance	9,211,210	10.070		
	Dona filing and combute and	ain tamitam, (tamitaniaa) a	, a a statu		
	Does filing only apply to certal Classes? If so,	ain terniory (terniories) or	Certain		
	specify: NO				
	specify.				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify	g renewe rates or arr a			
	organization):	Change LCM from 2.802 to 3.011 to coincide with the NCCI los			
	cost change effective 1/1/2015.				
	*Adjusted to reflect all prior rate changes.				
	**Change in Company's premium level which will result from application of new				
	rates.				
		Mark First Convol	h . Ca		

Work First Casualty Company

Name of Company

Bruce Winterrowd, Vice-President of Underwriting/Marketing

Official - Title